

00684.003140



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: J. Schwartz
Chiaki TERASAWA et al.)	
	:	Group Art Unit: 2873
Application No.: 09/784,021)	
	:	Confirmation No.: 1607
Filed: February 16, 2001)	
	:	Allowed: December 29, 2003
For: PROJECTION OPTICAL SYSTEM)	
AND PROJECTION EXPOSURE	:	March 29, 2004
APPARATUS)	

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to further examination on the merits, please amend the above-identified application
as follows:



00684.003140

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Chiaki TERASAWA et al.)
Application No.: 09/784,021)
Filed: February 16, 2001)
For: PROJECTION OPTICAL SYSTEM AND)
PROJECTION EXPOSURE APPARATUS)

Examiner: J. Schwartz
Group Art Unit: 2873
Confirmation No.: 1607
Allowed: December 29, 2003
March 29, 2004

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:
Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.


The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	48	MINUS	103	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	7	MINUS	7	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$140/\$280						---
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed including the additional claims fees.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Steven E. Warner
Registration No. 33,326

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
SDM/eab

DC_MAIN 161891v1